

**State of Montana**  
**Division of Banking and Financial Institutions**  
**P.O. Box 200546**  
**Helena, MT 59620-0546**  
**Phone (406) 841-2920 Fax (406) 841-2930**

**MORTGAGE LOAN ORIGINATOR  
REINSTATEMENT APPLICATION**

I, \_\_\_\_\_, am licensed in the State of Montana as a mortgage loan originator. My mortgage loan originator license number is \_\_\_\_\_. My employer was \_\_\_\_\_, license #\_\_\_\_\_, a mortgage broker licensed in the State of Montana. I wish to reinstate my license to:

\_\_\_\_\_  
Mortgage Broker Entity/Sole Proprietor License #

\_\_\_\_\_  
Mortgage Broker Designated Manager Name (Print)

\_\_\_\_\_  
Mortgage Broker Designated Manager Name (Signature)

\_\_\_\_\_  
Mortgage Broker Company Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mortgage Loan Originator Signature

\_\_\_\_\_  
Mortgage Loan Originator Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

**Please include a reinstatement application fee of \$10 payable to the State of Montana. Your application will not be processed without the fee.**